M-210.3 TIME LIMITS

Written physician orders should reflect the expected duration of the need. Once the quantity specified by the ordering physician has been provided or the period of time on the order or the prior approval has elapsed, a new written order must be obtained. A new written order must be obtained no less than every 12 months, even for supplies needed for an ongoing chronic condition.

Prior approvals will specify the time period for which approval is being given.

In general, prior approvals for an ongoing need for medical supplies will be valid for 12 months or for the period specified in the physician's order, whichever is less.

In general, prior approvals for a medical equipment item or prosthesis will be valid for a period of six months from the approval date. If the item is not deliverable within that six month period, the supplying provider can request an extension.

M-210.4 REQUESTS FOR REPAIR

Covered equipment and prosthetic and orthotic items owned by the patient may be repaired without prior approval as long as the repair cost (per incident) does not exceed 75% of the Department's purchase price. Charges for repairs to items under warranty and repairs for which the cost will exceed 75% of the purchase price require prior approval. The frequency of repairs to certain items may be limited, with subsequent repairs requiring prior approval.

Repairs do not include modifications, technological improvements, or upgrades.

A guarantee of at least 180 days on the repair work must be provided.

Repeated requests for repair due to breakage may indicate abuse. Equipment abuse may be reported to or investigated by the Department. Verification of abuse of the equipment could result in denial of coverage for repairs.

M-210.5 REQUESTS FOR REPLACEMENT

= Replacements of covered equipment and prosthetic and orthotic items are subject to all policies that apply to an original purchase of the same item. Life expectancy of medical equipment is 4 to 5 years. In addition, a replacement will not be reimbursed by the Department for an item that is under a warranty, if that warranty will cover the necessary repairs or replacement.

If the equipment item being replaced requires prior approval and if the item was purchased by the Department for the same patient within the past 12 months, the

documentation of medical necessity for the first purchase will be deemed adequate for the replacement purchase. The request for prior approval will, however, need to include an explanation of the need for a replacement (for example, the item was lost, or has been broken beyond repair).

Repeated requests for replacement due to breakage or loss may indicate abuse. Equipment abuse may be reported to or investigated by the Department. Verification of abuse could result in denial of a replacement.

M-210.6 EQUIPMENT RENTAL LIMITATIONS

Total cumulative rental costs must not exceed the usual retail price of the medical equipment. When total cumulative rental costs meet the Department's maximum allowable purchase price, the Department considers the equipment paid for in full and the property of the patient.

Some durable medical equipment is covered on a rental basis only. Rental items are noted by an "R" in the prior approval indicator on the fee schedule. Rental charges must be terminated after the patient's need for the equipment ceases.

Rentals are considered to include all accessories and supplies needed to use the equipment.

M-210.7 LONG TERM CARE RESIDENTS SERVICE LIMITATIONS

Prior approval will not be given for residents of Long Term Care facilities for routine medical or personal care supplies or for items of equipment, when such items are considered to be the responsibility of the facility. Refer to Topic M-270 for a listing of supplies and equipment that will not normally be covered for residents of Long Term Care facilities.

For individuals with developmental disabilities residing in an Intermediate Care Facility for the Developmentally Disabled (ICF/MR), the Individual Program Plan (IPP) must support any request for non-routine items or supplies.

These limitations do not apply to residents of Supported Living (SLF) facilities. An SLF resident is considered to be residing in his or her own home for purposes of determining coverage for medical equipment and supplies.

M-210.8 HOSPITAL INPATIENT AND OUTPATIENT SERVICE LIMITATIONS

Prior approval will not be given or separate payment made for items dispensed during hospital inpatient or outpatient stays. Medical supplies and equipment, braces and prosthetic devices for use by an inpatient during hospitalization or dispensed in the hospital for continued use after hospital discharge must be included in the hospital claim. Medical supplies and equipment or braces and prosthetic devices supplied during an APL-billable hospital outpatient visit must also be

By FAX:

Prior approval may be requested by fax. Complete Form DPA 2240, following the procedures described above for mailed requests. The completed form, the physician order and other associated documents can be faxed to the number shown below. Providers should review the documents before faxing to ensure that they will be legible upon receipt. Colored documents, including the pink Form DPA 2240, often do not fax clearly. The Department recommends that such documents be photocopied and that the copy be faxed.

= The fax number for prior approval requests is 217-524-0099. This fax is available Monday through Friday, 8:30 AM to 5:00 PM, excepting holidays.

By Telephone:

= When prior approval is requested by telephone, the request will be data entered by staff at the following telephone number:

1-877-782-5565 select option 5 from the automated menu

This number is available Monday through Friday, 8:30 AM to 5:00 PM, excepting holidays.

The caller must be prepared to give all the information requested on the DPA 2240.

The provider is responsible for having a valid physician order and statement of medical necessity which bears the ordering physician's signature at the time of the request. The Department reserves the right to request proof of documentation before approval is granted.

Electronically:

Prior approval requests may be electronically submitted into the Department's prior approval system by the provider via any of the Department's approved Recipient Eligibility Verification (REV) vendors. For more information on the REV system, refer to Handbook for Providers of Medical Services, Chapter 100 General Policy and Procedures, Topic 131.2. For a listing of approved REV vendors, refer to http://www.dpaillinois.com/rev/

If the provider is mailing or faxing the physician order or other medical documentation in support of an electronically-submitted request, this information should be noted in the comments section of the electronic request. In addition, the mailed or faxed materials should clearly indicate that the prior approval request has been electronically submitted. Failure to make these notations will make it more difficult for the Department to match the documentation with the prior approval request and thus may delay a decision on the request.

The Department reserves the right to request proof of a valid physician order or other supporting documentation before approval is granted.

Expedited Approvals:

= Expedited telephone approval may be obtained for items or supplies which must be delivered immediately (within 24 hours of request). Examples would include items which are needed for hospital or nursing home discharge. Expedited approval may be requested by calling the phone number listed on the previous page.

When medical supplies or rental of equipment are approved on an expedited basis, coverage will be for a maximum of one month. If the item or supplies are needed for longer than one month, continuing approval must be requested via phone, fax or mail, or electronically, as described above, and must be fully documented as described in Topic M-211.2.

M-211.2 DOCUMENTATION REQUIRED

Durable medical equipment and supplies must be specifically ordered by a physician for a specified individual. Refer to Topic M-203 for more information on physician orders. It is the responsibility of the vendor to have physician orders on file for items dispensed.

Certain items require additional specific documentation of medical need, appropriateness and ability of the patient to benefit from the item. This information must be provided at the time the request is made. Department reviewers may also request additional clarification, either from the supplying provider or from the ordering physician.

M-211.3 APPROVAL OF ITEM OR SERVICE

If the item or service requested is approved, the supplying provider and the patient will receive a computer-generated letter, form DPA 3076A, Prior Approval Notification, listing the approved items or services. Upon receipt of the Prior Approval Notification, the item(s) may be billed.

was using C-PAP, or evidence that the patient could not tolerate C-PAP,
- Evidence that the use of the BiPAP equipment by the patient did alleviate the threat to life as documented by a sleep monitoring test while the patient was using BiPAP, and
- A signed and dated physician's order for the device which includes a certification by the physician that the patient has shown the desire and ability to fully utilize the BiPAP device during sleep.

Appendix M-5 contains a facsimile of Form DPA 3701F, C-PAP/BiPAP Rental Request. This form provides a convenient format for supplying the required information, however, the Department does not require that the form itself be used if all the required medical information is supplied in another format. If the initial request fails to include all of the information described above, the Department will send a copy of Form DPA 3701F to the DME provider for completion by the attending physician. Consideration and processing of the request will be delayed pending receipt of the required information.

= Initial approvals will be for a rental for a three-month trial period. Renewals after the trial period will require a new prior approval. C-PAP and BiPAP equipment are considered purchased following ten months rental.

A request for renewal should include a signed and dated statement from the physician that:
- The patient has been compliant with the use of the C-PAP/BiPAP and with the treatment plan and that the C-PAP/BiPAP continues to relieve the patient's apnea and anoxemia,
- Provides an updated plan of care, including the anticipated duration of medical need, and
- Provides an assessment of the possible appropriateness of surgical intervention.

Copies of all follow-up sleep studies done during the trial period should also be included.

M-212.22 Oxygen Supplies and Equipment

Requests for oxygen and oxygen equipment must include measurements of arterial PO_2 or oximeter oxygen saturation. All testings must include date of the test and whether patient was receiving oxygen at the time of the test or on room air.

The physician's order must specify the O_2 liter flow rate required by the patient and the frequency of use.

If arterial PO_2 is above 55 mm Hg or arterial O_2 saturation is above 88% at rest on room air, a statement from the prescribing physician explaining the basis for medical necessity must be included with the request.

Oxygen for Long Term Care Residents

Long Term Care (LTC) facilities have the option of billing the Department directly for oxygen for their residents, or obtaining oxygen from a DME provider, with the DME provider billing the Department. If a DME provider bills for oxygen concentrators for LTC residents, prior approval is required.

Concentrators are not to be used unless the resident has an ongoing need for oxygen that requires a minimum of two liters of oxygen per minute for a minimum of 22 hours per day. The resident must have no more than an 88 percent oxygen saturation level on room air. No other method of oxygen administration (tank or liquid) is reimbursable for a resident during a month in which an oxygen concentrator is reimbursed by the Department for that same resident.

When an LTC facility obtains oxygen equipment and supplies from a DME provider, **both** providers must exercise care to ensure that the Department is not billed twice for the same service. The LTC facility is responsible for the cost of the first tank of oxygen used by a resident each month. The first tank is defined as:

- One “H” tank (6900 liters) or
- Two “E” tanks (623 liters) or
- 20 pounds of liquid oxygen.

The cost of this first tank for each resident each month may not be billed to the Department by the DME provider. The remaining tanks or refills may be billed to the Department by either the DME provider or the LTC facility, but not by both.

M-212.23 Apnea Monitors

Requests for prior approval for an apnea monitor must be accompanied by the attending physician’s evaluation of the patient’s condition, including diagnosis, evidence of apneic episodes and expected duration of the need for the monitor.

= Apnea monitors are approved for rental up to twelve months. The rental amount is to include all supplies needed for the use of the apnea monitor. These items include, but are not limited to, belts, electrodes and wires. Supply items for an apnea monitor may be approved only if the apnea monitor is owned by the patient. An apnea monitor is considered purchased after twelve months of rental.

For requests for extended rental periods or for renewal requests, the Department may require evaluation of monitor event recordings for evidence of apneic events and compliance in use of the monitor.

No payment will be allowed for pneumograms or separate respiratory event recordings provided in the home because most modern apnea monitors have the capacity to provide event recordings. These recordings can be evaluated for presence of true apneic events, as opposed to artifacts such as false alarms due to misplacement of sensors.

M-212.24 Ventilators

Ventilators are approved for rental only.

Rental of the primary ventilator includes the following items:

- In-line thermometers and temperature probes
- Battery power cables
- Spirometer valve or stick
- Fuel cells
- = • Disconnect/low pressure alarm
- Circuits
- Bacteria filters
- Peep valve
- Exhalation valve
- Exhalation diaphragm
- Test lung
- Batteries
- Trach swivel adapter
- All other filters, including PALL, hydrophobic and hydroguard filters
- Drainage bags/water traps
- CO_2 monitor
- O_2 analyzer
- Respirometer
- = • Cleaning Supplies (i.e., cidex, control III, vinegar)

Related items which may be provided and billed separately with proper medical documentation and prior approval are:

- Humidifier and heater
- Pulse oximeter
- Suction machine
- Compressor
- Apnea monitor
- Oxygen
- Tracheostomy tube
- Tracheostomy care/clean kits
- Suction catheters
- Ambu bag

A portable volume ventilator as a backup in case of power failure may be approved with medical documentation that the patient requires mechanical ventilation for more than 22 hours per day. Batteries and battery cables are included in the rental rate. No additional supplies or related equipment will be allowed separately as these may be transferred from the primary ventilator to the portable ventilator if it is needed.

Requests for a portable volume ventilator for any reason other than as a backup will be individually considered.

A therapeutic ventilator may be approved for patients who are able to breathe on their own but are unable to produce respirations which are strong enough and deep enough to maintain relatively normal PO_2 and PCO_2 levels.

For patients needing ventilator support for 12 hours per day or less (usually during sleep), a therapeutic ventilator may be approved with the following medical documentation of need:

- A history of hospitalizations related to the need for ventilator support,
- An explanation of circumstances or diagnoses leading to the need for a ventilator,
- PO_2 and PCO_2 levels for two successive nights, each time before putting the ventilator on the patient, and
- PO_2 and PCO_2 for the associated mornings when the ventilator is removed.

The following items are included in the rental of a therapeutic ventilator and may not be billed separately:

- Disconnect alarm and connectors
- Circuits, adapters, connectors and tubing
- Hydroguard filters
- Bacteria filters
- Swivel adapters
- Water traps
- Temperature probes

M-212.25 High Frequency Chest Compression Devices

Requests for equipment to provide high frequency chest compression will be approved for patients with cystic fibrosis when their condition has progressed to a point where manual chest compressions are no longer effective for the removal of lung secretions. Requests for conditions other than cystic fibrosis will be reviewed on an individual basis.

Initial requests should include complete diagnosis, history of hospitalizations during the past year, results of pulmonary function tests, current medications and therapy plan, and the attending physician's statement of medical necessity. Initial approvals will be given for a three to six month trial period.

Renewal requests should document patient compliance, update the therapy plan and current medications, and provide a history of hospitalizations during the trial period.

M-212.6 INTRAVENOUS THERAPY

Requests for intravenous therapy supplies and equipment must be complete and specific, including the following information:

- All medications given must be listed by name, not category. List exactly how the drug is ordered, i.e., frequency of administration, begin and end date, and dosage for each medication. This information must be **per physician order**, not as projected by the vendor. The Department will not accept "Indefinite" on a physician's IV order.
- Route of administration. Indicate whether it is via CVP or peripheral line. Indicate whether it is Broviac, PICC, Infusaport, Groshong, subcutaneous, intramuscular, etc.
- Equipment used to infuse the medication should correlate with the route and drugs or TPN to be infused. Two pumps will be approved by exception only (for example, when TPN is administered continuously and a drug is being given intermittently). Where there are two drugs being given that are not compatible, one pump can be made sufficient by staggering dose times, flushing the IV line and making tubing changes.
- Supplies used to infuse medication should correlate with the drug and route of administration. For example, sterile gloves are not routinely needed for IV administration. CVP dressing kits for central lines contain one pair of sterile gloves. Dressing or IV site changes must be documented.
- If equipment or supplies are requested for line maintenance only, it is important to document what drugs were infused previously and when or why they may be resumed. For example, the line may be kept open as a precautionary measure when the patient is discharged from the hospital due to the possibility of a reaction or of organ rejection.

M-212.7 OTHER COMMONLY REQUESTED ITEMS

M-212.71 TENS Unit

= Requests for a TENS unit must include specific information concerning the patient's medical condition and need. If a request is received without a completed questionnaire, approval will be given for no more than a 60 day rental period. This 60 day trial period will provide time for the ordering physician to complete the TENS Unit Questionnaire. Appendix M-7 contains a facsimile of Form DPA 3701E. Approval for purchase of the TENS unit or rental beyond the initial trial period will not be made without a new prior approval request, a new physician's order and a completed and signed questionnaire.

M-212.72 Home Uterine Monitoring

Home uterine monitoring requires prior approval. Prior approval may be obtained by telephone for patients meeting all of the following criteria:

= • Hospitalization for preterm labor at 24-36 weeks gestation (gestation of less than 24 weeks will be individually considered and may require additional information),
• Cessation of labor accomplished by administration of a tocolytic drug, and
• Discharged to home on oral or subcutaneous maintenance tocolytic therapy.

Approval may be obtained by telephone for a data recorder (code W7616) for the purpose of monitoring pregnancy-induced hypertension in the last trimester. Approval will be limited to conditions which complicate the pregnancy such as pre-eclampsia, diabetes, etc. The claim for reimbursement should reflect the last service date of the month being billed. The number of days the patient had the equipment in her possession during that month should be listed in the units/quantity field. Only dates the items are actually used are to be billed to the Department. No payment is allowed while the patient is in the hospital or absent from her home even though the equipment is still in the home.

= Approval of a parenteral infusion pump for the administration of the subcutaneous tocolytic drug and low-dose subcutaneous tocolytic infusion pump therapy may be obtained by telephone.

The physician's order and the hospital discharge summary are required for approval of a home uterine monitor, infusion pump or data recorder.

= Approval of these items will be for no more than one month rental initially. Extension of this initial rental period requires documentation of ongoing medical need. Approval for the low-dose subcutaneous tocolytic infusion pump therapy includes the cost of the drug, the pump as well as the uterine monitor.

M-212.73 Specialty Mattresses

Specialty mattress rental may be allowed for the treatment of Stage III and Stage IV decubitus ulcers for patients living at home. The mattresses may range from low to moderately high technology. They may be self-adjusting, alternating pressure or low air loss types. Very high technology mattresses are reviewed on a case by case basis.

Approval will be given for three months rental with the documentation of need completed by the physician with each request. For Department consideration, a Speciality Decubitus Mattress Questionnaire (Form DPA 3701G) or a letter providing equivalent information must be completed, signed and dated by the ordering

physician. The information from the ordering physician must be submitted with the supplying provider's prior approval request.

The same information must be updated and submitted with each request for a renewal of the rental. Requests for renewal must also include a description of the improvement, if any, that has been noted with the therapy.

Appendix M-8 contains a facsimile of Form DPA 3701G.

If a request is received without all the required information, a letter will be sent to the provider requesting completion of the questionnaire by the ordering physician. Department consideration and processing will be delayed pending receipt of the completed questionnaire.

M-212.74 Osteogenesis Bone Growth Stimulator

= Rent or purchase of a non-invasive bone growth stimulator requires prior approval. Requests must include certification of medical necessity by an orthopedic surgeon.

For treatment of a fracture or other condition of the spine, the documentation of medical necessity must include:

- The date of fracture, if applicable,
- Documentation of failed spinal fusion longer than six months, or
- Documentation of a medical need (for example, a compromised immune system) for the device to prophylactically enhance bony healing of a patient undergoing spinal fusion.

The request must also indicate that the patient does not have an implanted cardiac pacemaker or other implanted device that may be negatively affected by the bone growth stimulator. In addition, the physician must agree to provide a follow-up report to the Department after treatment is completed, describing the treatment results.

For treatment of a fracture other than a fracture of the spine, the documentation of medical necessity must include:

- The date of the fracture,
- Evidence that there has been no healing activity over a period of at least three months, validated by x-rays, and
- A description of the fracture which indicates that the fragment separation is less than one cm or less than one-half the diameter of the bone

The request must also indicate that the patient has shown compliance with previous treatment and has agreed to this treatment.

M-212.8 NOT ELSEWHERE CLASSIFIED (NEC) OR MISCELLANEOUS ITEMS

Providers are encouraged to use specific procedure codes whenever possible. However, if the provider is unable to determine a suitable code for the item requested, the appropriate NEC or Miscellaneous Code may be used.

The provider must submit the following documentation for each NEC or Miscellaneous item requested: a copy of the manufacturer's product information or literature describing the requested item, manufacturer's pricing information, quantity, size and any other relevant specifications. Handwritten product and pricing information or the DME provider's own inventory price listing are not acceptable. A copy of the provider's invoice from the manufacturer is acceptable pricing documentation.

> The information supplied must be adequate for the Department to know exactly what is being requested, to determine whether the item meets the patient's medical need and for the Department to determine what price the Department will pay for the item.